



LEON COUNTY HEALTH DEPARTMENT
APPLICATION FOR A LICENSE TO OPERATE A FAMILY DAY CARE HOME

Date: _____

Type of Application (Check One) New: _____ Renewal: _____

Instructions: All information on this application must be truthful and correct. Please contact the Leon County Health Department Child Care Licensing Division at 487-3166 if there are any questions relating to the completion of this application. Please Type or Print Legibly.

I. **Family Day Care Home**

Name of Home: _____	Telephone Number: _____
Address: _____	Zip Code: _____

II. **Family Day Care Home Operator**

Operator's Name	First	Middle / Maiden	Last	Date of Birth
Address of Home: _____ Zip Code _____				
Telephone Number: _____				
Hours of Operation: From _____ To _____ Ages of children I will accept in my care: From _____ To _____ (Including my own children)				
Drinking water provided by (Check One): City of Tallahassee _____ Talquin Electric _____ Other Community Provider _____ Private Well _____ **				
** NOTE: As per Florida Statute Chapter 381.0062 and Florida Administrative Code Chapter 64E-8, all private drinking water wells serving Family Day Care Homes must obtain an annual operating permit as a Limited Use Commercial Water Systems and comply with all system requirements specified in Statute and Code.				

III. **Name of All Household & Family Members Residing in Family Day Care Home**

Name	Date of Birth	Sex

IV. **Owner of Real Property**

Legal Name of Property Owner: _____

I understand that I am responsible for obtaining approvals for Zoning, if applicable, prior to the issuance of the license and I hereby attest that the information contained in this application is truthful and correct.

Applicant's Signature _____

Date _____

SUPPLEMENT TO THE FAMILY DAY CARE HOME APPLICATION
section 402.3055(3), Florida Statutes

I, _____ attest, under penalty of perjury, that I have never
Print name
had a license denied, revoked, or suspended in any state or jurisdiction or have been the subject of
a disciplinary action or been fined while employed in a child CARE facility.

Signature of owner

Date

Position at child CARE home

NOTE: This form must be notarized

State of Florida

County of Leon

Before me this day personally appeared _____
who, duly sworn deposes and says under the penalties of perjury that the foregoing statement is
true and correct to the best of his/her knowledge.

Sworn to and subscribed before me this _____ day of _____, 19____

Notary Public

State of Florida At Large

My commission expires:

Verification used for identification

AFFIDAVIT OF COMPLIANCE WITH 402.3055(1)(A),F.S.

As the applicant for a license to operate _____
child care facility, I hereby attest to the following:

- Fingerprints for all new employees have been submitted to the Florida Department of Law Enforcement for processing.
- All remaining employees have previously submitted fingerprints and have been employed as child care personnel on a continuous basis (65C-22.,F.A.C) since submitting fingerprints

Applicant

State of Florida County of Leon

Before me this day personally appeared _____, who, duly
sworn deposes and says under the penalties of perjury that the foregoing statement is true and
correct to the best of his/her knowledge.

Sworn and-subscribed before me this _____ Day of _____, 19 _____

Notary Public

State of Florida at Large

My Commission Expires:

identification used

- List the names of all new child care personnel (hires during the licensure year) and the date of fingerprint submission for each person.

Name:	Date of Submission	Name	Date of Submission

- List the names of all other currently employed child care personnel. (Continue the list on an additional sheet if necessary)

Name	Name	Name